Revision: HCFA-AT-80-38(BPP)

May 22, 1980

State

ARKANSAS

SECTION 1

SINGLE STATE AGENCY OPGANIZATION

Citation 42 CFR 431.10 AT 79-29

1.1 Designation and Authority

(a) The Department of Human Services

## Services

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" or "State agency" mean the agency named in this paragraph.)

Attachment 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

Supersedes TN#

Approval Date 11/28/77

Effective Date 11/1/77

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No. 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT. MEDICAL ASSISTANCE PROGRAM

State/Territory	:ARKANSAS
Citation	As a condition for receipt of Federal funds under
42 CFR	title XIX of the Social Security Act, the
430.10	Department of Human Services
	(Single State Agency)
	submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

proval Date \_ Supersedes Effective Date TN No. HCFA ID: 7982E

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